

Foster Family Home - Corrective Action Report

Provider ID: 1-160084

Home Name: Hazeline Taban, CNA

Review ID: 1-160084-4

94-917 Kuhaulua Street, B

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/21/2018

End Date: 9/21/18

Foster Family Home

Required Certificate


[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

Home visit for a 2 person CCFFH recertification review made on 9/21/18. PCG requests to increase to a 3 client CCFFH.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Date


Primary Care Giver


Date